

TRAFFIC VIOLATOR SCHOOL (TVS) COMPLETION CERTIFICATES, OL 730 ORDER FORM

Instructions:

- Print clearly in black ink or type.
- This order form will only be accepted for ordering TVS Completion Certificates. Any changes made to this order form for a different type of certificate will **not** be accepted, and incomplete order forms will **not** be filled.
- Mail completed order form with check or money order to: Department of Motor Vehicles, Traffic Violator School Unit, P.O. Box 932342, Mail Station L224, Sacramento, CA 94232-3420.

Important: Pursuant to Section 11215.5(b) CVC, the department, after notice and hearing, may suspend or revoke any license when the following circumstance exist:

If the licensee is found by the department to be selling, or knowingly permitting the sale of, completion certificates.

Please send _____ TVS Completion Certificate Book(s) to:

NUMBER OF BOOKS (CERTIFICATES SOLD IN BOOKS OF 50 ONLY FOR A TOTAL PRICE OF \$75.00.)

SCHOOL NAME			TVS NUMBER		
BUSINESS ADDRESS			MAIL TO ADDRESS (IF AUTHORIZED BY DMV)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

Please enter the first number, the last number, and dates of certificates used for a 12-month period prior to the date of this request. The number of certificates requested may be reduced based on usage reported for the last 12-month period.

FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE
FIRST CERTIFICATE NUMBER	DATE	LAST CERTIFICATE NUMBER	DATE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Must be signed by a school owner, operator, administrator, or designated representative of record.

PRINTED NAME	TITLE	AREA CODE/TELEPHONE NUMBER ()
SIGNATURE X		DATE

Note: Allow 4 – 6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment.

If the above address differs from our records, this order will not be filled. Contact your local Inspector for assistance with your change of address.

DEPARTMENTAL USE ONLY – Complete this section when issuing Traffic Violator School Completion Certificates

DATE ORDER RECEIVED	AMOUNT ENCLOSED	PAID BY <input type="checkbox"/> CHECK NO. _____ <input type="checkbox"/> MONEY ORDER NO. _____	
DATE SENT TO SCHOOL	BEGINNING NUMBER	ENDING NUMBER	
ISSUING EMPLOYEE'S PRINTED NAME		ISSUING EMPLOYEE'S SIGNATURE X	